U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U 3/35

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: [2 / 3] / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Trimothy 5 Leay Sc.	Name Utility Workers Union Local #283		
$\sigma$	Labor Organization File Number 4443 047-231		
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 55F South Croma Ale	Street 132 Ferncrest Or.		
city Taunton	cay TAUNTON		
State MA ZIP Code +4 02780	State MA ZIP Code + 4 02780		
5. Position in labor organization.  Vice President			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of lon represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City			
State ZIP Code +4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	ring documents), has been examined by the signatory and is, to the best of the		
Signed Tunsty &	On <u>「「」」」                                </u>		
Form LM-30 (2003)	Page 1 of 2		

Name of Person Filing TIMOTHY & Lag U		File Number 0- 3/35	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.a. Nature of such deali	e of such dealing.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value:			
13.a. Name and address of Employer or Labor Relations Consultant	me and address of Employer or Labor Relations Consultant  14.a. Nature of payment.		
(including trade name, if any).  Name  Bay State Gas Compound  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  300 Fribery Parkway  City Westborough  State Massachusetts ZIP Code + 4 01581	Piścussión	s, 2004 Dinner Meeting I on early contract Us for Plocal 273	
13.b. is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$ 55.00	